

**Health Data Committee Meeting Minutes
for Monday January 8, 2001
Cannon Health Building - Room 125**

Attending-

Members: Andy Bowler, Penny Brooke, Orrin Colby, Clark Hinkley, Robert Huefner, Wen Kuo, Sandy Peck, Greg Poulsen, Lori Reichard, Michael Stapley

Staff: Wu Xu, Ryley Fogg, Chung-won Lee, Greg Stoddard, William Stinner, John Morgan and Janet Scarlet.

Guests: Steven Trookman(CHD/ UDOH), Phillip Jeffery(Med. Ed. Council / UDOH), Bruce Murray (Utah Hospital Assoc.), Clark Newhall, MD, JD(Individual) and Tom Carl(Regence BXBS)

Started at 3:40 and Orrin Colby (Chair) was presiding.

Updates from staff (Wu Xu)

1. In order to support the committee members= outreach, staff developed HDC letterhead, web site, and brochure.
 - _ On the Web site, we want to give each member a page for your picture and short bio. Need your permission to take pictures.
 - _ Business card, let us know your edits or if you don=t want a card.
2. Thanks for John Morgan=s hard work, the 1999 hospital inpatient data public use file has been released. The quality of the 1999 data is better than the previous years. We are working on the executive summary and standard reports for the 1999 data. So far, we have not found either interesting or alarming statistics yet. We will report back to the committee if there is something needs the committee=s attention.
3. The report on 1999 HMO enrollee satisfaction survey and 1998 HEDIS performance measures has been under the review of the health plans whose data are in the report. Thanks for Chung-won Lee=s hard work. We already received comments back from health plans. BCBS has a special request for the committee. They also sent a representative here. We will hear from him/her soon.
4. The data collections for 2001 HMO enrollees survey and 2000 HEDIS data collection are in process. Especially we want to report to the Committee that IHC and Altius have been made a total of \$31,000 financial contributions to the commercial HMO surveys. The Office also received \$10,500 for administrating these surveys.

Approve the minutes unanimously (At this point there was quorum)

DECISION MAKING

BCBS's request for excluding BCBS 1998 HEDIS information from the Utah Commercial HMO Performance Report.

Tom Carl, BCBS representative, expressed their concerns on their 1998 incomplete HEDIS data (Many measures were zero percent). The problem was caused by the BCBS computer system. They got it fixed for the 1999 data but it would be almost impossible to go back to 1998. BCBS already submitted the 1999 HEDIS data to HDC. Tom requested the committee to exclude 1998 BCBS HEDIS measures from the report. He also reported to the committee that BCBS audited their HEDIS data at the expense of \$25,000 because the HDC rule (R428-13).

Staff proposed three options for the committee to discuss:

- A. Publish the data without BCBS or not publish it at all;
- B. Publish this report the way it is, but it would be giving out miss-leading information to consumer;
- C. We could excuse BCBS in three areas of the report and still publish the report.
We will, however, use this as a warning and not accept this type of exclusion for next year.

The committee accepted the BCBS request but instructed staff to acknowledge the problem in the report. BCBS's problem was a start up problem and now it shouldn't be a problem. HDC also decided to add the 1999 HEDIS measures to this report.

Three general guidelines for reporting were articulated during the discussion:

- 1. Make timely reporting when we receive the data
- 2. Identify the data supplier whose data has serious problem or did not submit data in the report
- 3. Do not release miss-leading information to individual consumers if staff has questions about the data quality.

Staff reported that Educator Health Plans also wants an exemption in the 2001 CAHPS survey and 2000 HEDIS reporting.

The committee would like to discuss the exemption request, case by case, on an individual basis. They requested a representative from Educator Health Plans to present their request to the committee on March 12.

Public Use File from CAHPS Survey Data

To respond the request for the CAPHS survey data, the OHCS proposed to create a public use file for users. In order to protect patient confidentiality, staff suggested three options:

Option 1: release the data without respondent level identification (no zip code, county or city information) as well as no health plan identifier

Option 2: release the data without respondent level identification but with partial health plan identifier.

Option 3: Release the data without respondent level identification, but with health plans distinguished.

Greg Paulson said that health plans would be interested in the data having plans= identification. Others pointed out that the privacy of patients has always been our priority, but with the plans, we need to get the information out for the public good. Any use of the CAHPS data (company marketing or consumer research) would be beneficial. Plans might be interested in the information on children bearing age group in the data. We need to get cooperation from the Health Plans and use Option 3, plus all of the data, except where it would cause a problem identifying the patients.

Lori Reichard said to let consumers get information as much as possible. New public use files would release more information to consumers and health plans. Michael Stapley asked whether there would be an ethical issue to make the data public, whether HDC had some obligation with health plans on this data release. Staff needs to check with health plans on prior agreements to see what they said and check to see if this agrees with Option 3.

HDC WORK PLAN IN 2001

Orrin Colby commented that Rod Betit=s presentation at our last meeting went well. His thinking was similar to our strategic planning which presented on the blue colored page (Discussion on the HDC=s Strategies in the 2nd Decade). Due to limited time, Orrin didn=t go to details on his hand out. He asked Andy Bowler to present his AMethod of Production@ to the committee.

Method of Production

Andy said that we want to create a generic templet to get some direction in our decisions. On the salmon colored page there is a plan to identify the product, content, how we produce it and the distribution. We want to have small groups of representative come up with these decisions. This will give the staff guidance of what we want to do that will make these reports and this data more understandable.

The key to solve these problems is that the Committee and its staff need to develop a common language regarding to their roles, responsibilities, and tasks, and to create a generic template to direct

the decision-making process. Collectively, we accept a standard method of production, implement it, and don't deviate from it.

This standard method of production includes three components: product, production, and distribution. We (the Committee and Staff) need to have a plan to identify the product and its content, how we produce and distribute it. Staff has produced many reports that like to put Awigs stack in warehouse. @ The committee members need to direct staff to revamp the products and also direct the distribution of the products to right audiences.

We should not spend the time debating logistics. We focus on what are the real issues and how to solve it from a perspective of health data. We can have small groups of representative come up with decisions. This will give the staff guidance of what we want to do that will make these reports and this data more understandable.

For example, a subcommittee on carriers can decide what performances should be measured in this area for purchasers of health care (*Content*). *Product* is a report containing those performance measure in those areas. To produce the measurement or indicator needs data. The Committee can make a decision to assure the availability of the data. This supports the Staff's *production*. HDC members who has expertise in this area are responsible for it. When the Staff produces a report on carriers, the Committee can direct and assist the Staff on to whom, where, when, and how to *distribute* the reports. Furthermore, the Committee members, themselves, could be a distributor of the product.

We will get more done and our products will be popular if the Committee members' energy are focused on this standard production model and the Committee and the Staff are on the same page to identify the needs of our community and available resources to produce the needed products.

The large committee meeting is inefficient right now. We propose to have sub-committees, 2-3 meetings per year, as more of a facilitators role, report back to the HDC general meeting from smaller committees.

At the end, Andy thanked the staff to support the HDC executive committee to take this initiative.

HDC Member Recruitment:

Orrin said that we need new members needed to replace the three that resigned. Plus we will have to have another Chair soon also. We might want to have a marketing person on board to present our data better.

Updating Health Data Plan:

Bob Huefner reported his work on updating the Health Data Plan. It would focus on:

- \$ How can we better use available data
- \$ What kinds of data will be useful in the long run

Bob asked the Committee to brain storming on these ideas. He invited Michael Stapley to join the sub-committee with him, Robert Rolfs, and Wu Xu to work on this. This sub-committee will present at the HDC meetings on progress. It is possible to have an open meeting, invite client group representatives and ask them what they think about it.

Adjourned at 5:10 pm